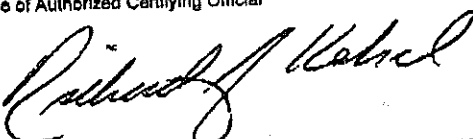


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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CFDA #39.011		OMB Approval No. 0348-0039	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Nebraska Secretary of State Elections Division State Capitol Bldg. P.O. Box 94608 Lincoln, Nebraska 68509-4808					
4. Employer Identification Number 47-0491233	5. Recipient Account Number or Identification Number Agency 09; Div 08; Prog 46; Fund 20960	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding /Grant Period (see instructions) From: (Month, Day, Year) 04/22/03 To: (Month, Day, Year) 12/31/03		9. Period Covered by this Report From: (Month, Day, Year) 04/22/03 To: (Month, Day, Year) 12/31/03			
10. Transactions		I Previously Reported		II This Period	III Cumulative
a. Total outlays					\$413,216
b. Recipient share of outlays					\$80,874
c. Federal share of outlays					\$332,342
d. Total unliquidated obligations					\$0
e. Recipient share of unliquidated obligations					\$0
f. Federal share of unliquidated obligations					\$0
g. Total Federal share (Sum of lines c and f)					\$332,342
h. Total Federal funds authorized for this funding period					\$6,000,000
i. Unobligated balance of Federal funds (Line h minus line g)		0		0	\$4,667,658
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate	c. Base	d. Total Amount	e. Federal share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Richard J. Kohel Finance & Human Resource Director Nebraska Secretary of State Office				Telephone (Area code, number and extension) (402) 471-2384	
Signature of Authorized Certifying Official 				Date Report Submitted 01/18/04	